



Mail Drop 507M  
 Executive Hearing Office  
 PO Box 2100  
 Phoenix AZ 85001-2100

# RESTITUTION LIEN HEARING REQUEST

40-5009 R05/13 azdot.gov

To request a hearing, please complete the following and mail to the address above.

Name (first, middle, last, suffix)					Email Address				
Mailing Address				City			State	Zip	
Date of Birth			Driver License Number				State Issued		
Home Telephone ( )			Work Telephone ( )			Cell Phone ( )			
Reason for Request (see A.A.C. § R17-1-512)									
Signature					Date				

Vehicle Identification Number													Date of Vehicle Purchase		

**Defendant/Obligor/Name on Title Information**

Name (first, middle, last, suffix)					Email Address				
Mailing Address				City			State	Zip	
Home Telephone ( )			Work Telephone ( )			Cell Phone ( )			

**Vehicle Seller or Other Persons or Parties Involved (if different than above)**

Name (first, middle, last, suffix)					Email Address				
Business Name (If Applicable)									
Mailing Address				City			State	Zip	
Home Telephone ( )			Work Telephone ( )			Cell Phone ( )			

**Court Information**

Name of the court that placed the lien on this vehicle					Court Case Number				
If Vehicle was sold by advertisement, where was advertisement posted									

**\*\* PLEASE INCLUDE COPIES OF TITLE, REGISTRATION, SALES RECEIPT,  
 VEHICLE ADVERTISEMENT AND ALL OTHER SUPPORTING DOCUMENTS \*\***